



# ANNUAL TIRE SUMMARY

State Form 52716 (7-06)

Indiana Department of Environmental Management

Use of this form is required by 329 IAC 15-3-20(b) and IC 13-20-13--5

## Section A. Facility Information

<b>Name:</b>	<b>Registration Number:</b>
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<b>Mailing Address: Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>Facility Contact Person:</b>	<b>Telephone Number (include area code):</b>
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## Section B. Reporting Time Period

January 1 through December 31, 20 \_\_\_\_\_

## Section C. Tire Summary Information for the Calendar Year

**Number of Waste Tires** \_\_\_\_\_ (Check unit of measure used)  
**Received at this Facility:** \_\_\_\_\_  whole waste tires  cubic yards  cubic feet  pounds  PTEs

Number of Waste Tires Disposed of by this Facility:  
(Use these units: whole waste tires, cubic yards, cubic feet, pounds, PTEs)

Number	Unit	Destination	Disposal Method

Number of Whole Waste Tires Remaining in Storage  
 Passenger Tire Equivalents (PTEs) \_\_\_\_\_

Number of Waste Tire Pieces Remaining in Storage  
 Passenger Tire Equivalents (PTEs) \_\_\_\_\_

## Section D. Conversion Factors

			Tire Pieces			Whole Tires		
Multiply	By	To obtain	Multiply	By	To obtain	Multiply	By	To obtain
Pounds	0.04	PTE	Cubic feet	0.8	PTE	Cubic feet	0.25	PTE
PTE	25	Pounds	Cubic yards	21.6	PTE	Cubic yards	6.75	PTE
			PTE	1.25	Cubic feet	PTE	4	Cubic feet
			PTE	0.046	Cubic yards	PTE	0.15	Cubic yards

## Section E. Certification

I certify that the information in this summary is true, accurate, and complete to the best of my knowledge.

_____ Authorized Signature	_____ Title	_____ Date
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## Instructions

### Section A-General Information

Fill out this part of the form as accurately and completely as possible, as this information is used for correspondence from the department regarding this facility. Please provide the following information requested in this section: the name of the facility, registration number of the facility, name of facility contact person, mailing address of contact person and complete telephone number (including area code) for the contact person.

### Section B-Reporting Time Period

Complete with the (2) digits of the year that this reporting form covers (20\_\_). The year is from January 1<sup>st</sup> until December 31<sup>st</sup> of the same year.

### Section C-Tire Summary

Please fill in the number of waste tires received at this facility during the year specified in Section B. This report is only valid for this facility. Checking only one box, designate the unit of measure used for the number of tires received during the specified year. Next, list the number of tires disposed of by this facility using the following units: whole waste tires, cubic yards, cubic feet, and PTE (passenger tire equivalent). For each number, list the unit, the final destination and how that destination used or disposed of the tires or tire parts. The last part of this section requires that the number of whole tires and tire pieces in storage as of December 31 of the reporting year. These numbers must be converted and listed as passenger tire equivalents (PTE). There are lines for each answer.

Number	Unit	Destination	Disposal Method
250	cubic yards	Processors, City, IN	playground cover
2.4 million	pounds	Landfill, City, IN	shredding for alternative daily cover
9,600	PTE	Landfill, City, IN	shredding for alternative daily cover
1,200	tons*	Landfill, City, IN	disposal in landfill

\*Do not list the unit in tons. This must be converted by multiplying the tons by 2,000.

### Section D-Conversion Factors

The conversion factors in this section must be used to fill in the correct information in Section C. PTE is the abbreviation for 'passenger tire equivalent'. A whole waste tire has not been altered and is not material derived from waste wastes. Tire pieces refer to tires that have been cut into parts that are greater than two (2) inches. Do not show the 'unit' in tons. Tons must be converted to pounds. You can convert to pounds by multiplying the number of tons by 2,000.

### Section E-Certification

An authorized person must sign to certify that this information provided is true, accurate and complete. Please print the name of the person authorized to certify this report directly above the authorized signature. List that person's title and the date of the signature.

#### **PLEASE RETURN COMPLETED FORMS TO:**

Indiana Department of Environmental Management  
Office of Land Quality  
Solid Waste Permit Section  
100 North Senate Avenue  
Indianapolis, IN 46204-2251